

**TITLE V BLOCK GRANT APPLICATION**  
**FORMS (2-21)**  
**STATE: FM**  
**APPLICATION YEAR: 2010**

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**FORM 2**  
**MCH BUDGET DETAILS FOR FY 2010**

[Secs. 504 (d) and 505(a)(3)(4)]

**STATE: FM**

**1. FEDERAL ALLOCATION**

(Item 15a of the Application Face Sheet [SF 424])  
Of the Federal Allocation (1 above), the amount earmarked for:

\$ 582,617

A.Preventive and primary care for children:

\$ 181,489 ( 31.15%)

B.Children with special health care needs:

\$ 185,347 ( 31.81%)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 34,518 ( 5.92%)

(The above figure cannot be more than 10%)[Sec. 504(d)]

**2. UNOBLIGATED BALANCE** (Item 15b of SF 424)

\$ 0

**3. STATE MCH FUNDS** (Item 15c of the SF 424)

\$ 440,000

**4. LOCAL MCH FUNDS** (Item 15d of SF 424)

\$ 0

**5. OTHER FUNDS** (Item 15e of SF 424)

\$ 0

**6. PROGRAM INCOME** (Item 15f of SF 424)

\$ 0

**7. TOTAL STATE MATCH** (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 440,000

\$ 440,000

**8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)**

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 1,022,617

**9. OTHER FEDERAL FUNDS**

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 0

b. SSDI: \$ 100,000

c. CISS: \$ 0

d. Abstinence Education: \$ 0

e. Healthy Start: \$ 0

f. EMSC: \$ 0

g. WIC: \$ 0

h. AIDS: \$ 0

i. CDC: \$ 0

j. Education: \$ 0

k. Other: \$ 0

l. EHDI: \$ 150,000

\$                     

**10. OTHER FEDERAL FUNDS** (SUBTOTAL of all Funds under item 9)

\$ 250,000

**11. STATE MCH BUDGET TOTAL**

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 1,272,617

<b>FORM NOTES FOR FORM 2</b>
None
<b>FIELD LEVEL NOTES</b>
None

**FORM 3**  
**STATE MCH FUNDING PROFILE**

*[Secs. 505(a) and 506(a)(1-3)]*

**STATE: FM**

	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form 2)</i>	\$ 592,399	\$ 556,672	\$ 596,065	\$ 533,538	\$ 559,061	\$ 533,633
<b>2. Unobligated Balance</b> <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>3. State Funds</b> <i>(Line3, Form 2)</i>	\$ 625,000	\$ 440,000	\$ 578,063	\$ 578,063	\$ 440,000	\$ 440,000
<b>4. Local MCH Funds</b> <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>5. Other Funds</b> <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>6. Program Income</b> <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>7. Subtotal</b> <i>(Line8, Form 2)</i>	\$ 1,217,399	\$ 996,672	\$ 1,174,128	\$ 1,111,601	\$ 999,061	\$ 973,633
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
<b>8. Other Federal Funds</b> <i>(Line10, Form 2)</i>	\$ 100,000	\$ 100,000	\$ 100,000	\$ 100,000	\$ 1,391,168	\$ 1,391,168
<b>9. Total</b> <i>(Line11, Form 2)</i>	\$ 1,317,399	\$ 1,096,672	\$ 1,274,128	\$ 1,211,601	\$ 2,390,229	\$ 2,364,801
(STATE MCH BUDGET TOTAL)						

**FORM 3**  
**STATE MCH FUNDING PROFILE**

*[Secs. 505(a) and 506(a)(1-3)]*

**STATE: FM**

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form 2)</i>	\$ 563,713	\$ 533,633	\$ 563,713		\$ 582,617	
<b>2. Unobligated Balance</b> <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0		\$ 0	
<b>3. State Funds</b> <i>(Line3, Form 2)</i>	\$ 440,000	\$ 440,000	\$ 440,000		\$ 440,000	
<b>4. Local MCH Funds</b> <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0		\$ 0	
<b>5. Other Funds</b> <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0		\$ 0	
<b>6. Program Income</b> <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0		\$ 0	
<b>7. Subtotal</b> <i>(Line8, Form 2)</i>	\$ 1,003,713	\$ 973,633	\$ 1,003,713	\$ 0	\$ 1,022,617	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
<b>8. Other Federal Funds</b> <i>(Line10, Form 2)</i>	\$ 1,391,168	\$ 1,391,168	\$ 1,343,676		\$ 250,000	
<b>9. Total</b> <i>(Line11, Form 2)</i>	\$ 2,394,881	\$ 2,364,801	\$ 2,347,389	\$ 0	\$ 1,272,617	\$ 0
(STATE MCH BUDGET TOTAL)						

## FORM NOTES FOR FORM 3

None

### FIELD LEVEL NOTES

1. **Section Number:** Form3\_Main  
**Field Name:** FedAllocExpended  
**Row Name:** Federal Allocation  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
The total expended amount in FY-2008 was based on approve total Award for FY-2008.
2. **Section Number:** Form3\_Main  
**Field Name:** FedAllocExpended  
**Row Name:** Federal Allocation  
**Column Name:** Expended  
**Year:** 2007  
**Field Note:**  
Please note that the amount listed in the "budgeted" column reflects the amount FSM requested for 2007 and the amount listed in the "expended" column reflects the actual amount or award for 2007.

**FORM 4**

**BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)**

*[Secs 506(2)(2)(iv)]*

**STATE: FM**

	FY 2005		FY 2006		FY 2007	
<b>I. Federal-State MCH Block Grant Partnership</b>	<b>BUDGETED</b>	<b>EXPENDED</b>	<b>BUDGETED</b>	<b>EXPENDED</b>	<b>BUDGETED</b>	<b>EXPENDED</b>
a. Pregnant Women	\$ 208,700	\$ 150,774	\$ 210,150	\$ 148,855	\$ 148,855	\$ 143,781
b. Infants < 1 year old	\$ 150,925	\$ 148,333	\$ 175,155	\$ 152,776	\$ 152,776	\$ 147,700
c. Children 1 to 22 years old	\$ 235,482	\$ 185,650	\$ 270,370	\$ 210,699	\$ 210,699	\$ 205,625
d. Children with Special Healthcare Needs	\$ 306,270	\$ 261,450	\$ 295,275	\$ 295,275	\$ 275,998	\$ 275,943
e. Others	\$ 185,500	\$ 150,685	\$ 113,159	\$ 197,641	\$ 104,378	\$ 99,304
f. Administration	\$ 130,522	\$ 99,780	\$ 110,019	\$ 106,355	\$ 106,355	\$ 101,280
g. SUBTOTAL	\$ 1,217,399	\$ 996,672	\$ 1,174,128	\$ 1,111,601	\$ 999,061	\$ 973,633

<b>II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).</b>						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 100,000		\$ 100,000		\$ 100,000	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 0		\$ 0		\$ 47,492	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 339,367	
i. CDC	\$ 0		\$ 0		\$ 904,309	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
III. SUBTOTAL	\$ 100,000		\$ 100,000		\$ 1,391,168	

**FORM 4**

**BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)**

[Secs 506(2)(2)(iv)]

**STATE: FM**

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Federal-State MCH Block Grant Partnership</b>						
a. Pregnant Women	\$ 148,855	\$ 142,375	\$ 148,855		\$ 148,855	
b. Infants < 1 year old	\$ 154,772	\$ 150,876	\$ 154,772		\$ 166,263	
c. Children 1 to 22 years old	\$ 211,969	\$ 210,343	\$ 211,969		\$ 212,955	
d. Children with Special Healthcare Needs	\$ 276,968	\$ 264,456	\$ 276,968		\$ 283,968	
e. Others	\$ 104,933	\$ 102,433	\$ 104,933		\$ 104,360	
f. Administration	\$ 106,216	\$ 103,150	\$ 106,216		\$ 106,216	
g. SUBTOTAL	\$ 1,003,713	\$ 973,633	\$ 1,003,713	\$ 0	\$ 1,022,617	\$ 0
<b>II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).</b>						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 100,000		\$ 100,000		\$ 100,000	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 47,492		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 339,367		\$ 339,367		\$ 0	
i. CDC	\$ 904,309		\$ 904,309		\$ 0	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
l. EHDl:	\$ 0		\$ 0		\$ 150,000	
<b>III. SUBTOTAL</b>	\$ 1,391,168		\$ 1,343,676		\$ 250,000	



**FORM NOTES FOR FORM 4**

None

**FIELD LEVEL NOTES**

None

**FORM 5**  
**STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES**

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

**STATE: FM**

TYPE OF SERVICE	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Direct Health Care Services</b> (Basic Health Services and Health Services for CSHCN.)	\$ 490,800	\$ 487,100	\$ 495,952	\$ 487,100	\$ 487,100	\$ 480,743
<b>II. Enabling Services</b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 202,250	\$ 197,107	\$ 205,575	\$ 222,868	\$ 185,355	\$ 178,998
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 403,769	\$ 191,885	\$ 323,555	\$ 245,001	\$ 207,488	\$ 201,131
<b>IV. Infrastructure Building Services</b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 120,580	\$ 120,580	\$ 149,046	\$ 156,632	\$ 119,118	\$ 112,761
<b>V. Federal-State Title V Block Grant Partnership Total</b> (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 1,217,399	\$ 996,672	\$ 1,174,128	\$ 1,111,601	\$ 999,061	\$ 973,633

**FORM 5**  
**STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES**

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

**STATE: FM**

TYPE OF SERVICE	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Direct Health Care Services</b> (Basic Health Services and Health Services for CSHCN.)	\$ 489,113	\$ 483,275	\$ 489,113	\$	\$ 495,135	\$
<b>II. Enabling Services</b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 185,454	\$ 175,253	\$ 185,454	\$	\$ 188,545	\$
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 209,428	\$ 204,635	\$ 209,428	\$	\$ 217,428	\$
<b>IV. Infrastructure Building Services</b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 119,718	\$ 110,470	\$ 119,718	\$	\$ 121,509	\$
<b>V. Federal-State Title V Block Grant Partnership Total</b> (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 1,003,713	\$ 973,633	\$ 1,003,713	\$ 0	\$ 1,022,617	\$ 0

FORM NOTES FOR FORM 5

None

FIELD LEVEL NOTES

1.

Section Number: Form5\_Main

Field Name: PopBasedBudgeted

Row Name: Population-Based Services

Column Name: Budgeted

Year: 2009

Field Note:

FSM proposes to increase funding under Population-Based Services to accommodate a "Special Olympic" for Children with Special Health Care Needs in 2009. The Special Olympic will be held every 2 years rotating among the four FSM States. In 2009, Pohnpei State will host the Special Olympic.

FORM 6						
NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED						
Sect. 506(a)(2)(B)(iii)						
STATE: FM						
Total Births by Occurrence: 2,113				Reporting Year: 2008		
Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment (3)	
	No.	%			No.	%
Phenylketonuria						
Congenital Hypothyroidism						
Galactosemia						
Sickle Cell Disease						
Other Screening (Specify)						
Screening Programs for Older Children & Women (Specify Tests by name)						
(1) Use occurrent births as denominator. (2) Report only those from resident births. (3) Use number of confirmed cases as denominator.						

**FORM NOTES FOR FORM 6**

FSM lacks the capacity to conduct such screening, therefore Not Applicable to FSM.

**FIELD LEVEL NOTES**

None

**FORM 7**  
**NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V**  
**(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)**

[Sec. 506(a)(2)(A)(i-ii)]

**STATE: FM**

**Reporting Year: 2008**

Types of Individuals Served	TITLE V	PRIMARY SOURCES OF COVERAGE				
	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	2,193	0.0	0.0	0.0	0.0	100.0
Infants < 1 year old	2,429	0.0	0.0	0.0	0.0	100.0
Children 1 to 22 years old	26,447	0.0	0.0	0.0	0.0	100.0
Children with Special Healthcare Needs	1,198	0.0	0.0	0.0	0.0	100.0
Others	3,553	0.0	0.0	0.0	0.0	100.0
<b>TOTAL</b>	<b>35,820</b>					

## FORM NOTES FOR FORM 7

Not Applicable. FSM is not eligible for Title XIX and Title XXI.

### FIELD LEVEL NOTES

1. **Section Number:** Form7\_Main  
**Field Name:** PregWomen\_TS  
**Row Name:** Pregnant Women  
**Column Name:** Title V Total Served  
**Year:** 2010  
**Field Note:**  
Adjustment made on the total of pregnant women from 2,193 to 2,177.
2. **Section Number:** Form7\_Main  
**Field Name:** PregWomen\_XIX  
**Row Name:** Pregnant Women  
**Column Name:** Title XIX %  
**Year:** 2010  
**Field Note:**  
FSM is not eligible for Title XIX. Not Applicable to FSM.
3. **Section Number:** Form7\_Main  
**Field Name:** PregWomen\_XXI  
**Row Name:** Pregnant Women  
**Column Name:** Title XXI %  
**Year:** 2010  
**Field Note:**  
Data are dummy so please ignore.
4. **Section Number:** Form7\_Main  
**Field Name:** PregWomen\_Private  
**Row Name:** Pregnant Women  
**Column Name:** Private/Other %  
**Year:** 2010  
**Field Note:**  
Data are dummies, so please ignore.
5. **Section Number:** Form7\_Main  
**Field Name:** PregWomen\_None  
**Row Name:** Pregnant Women  
**Column Name:** None %  
**Year:** 2010  
**Field Note:**  
Not Applicable.
6. **Section Number:** Form7\_Main  
**Field Name:** PregWomen\_Unknown  
**Row Name:** Pregnant Women  
**Column Name:** Unknown %  
**Year:** 2010  
**Field Note:**  
*//2010// FSM does not have information on the percentage of coverage. However, few children are covered by their parents policies and many more are not. It is more appropriate, for this purpose to report "unknown" and the data is only "estimates". //2010//*
7. **Section Number:** Form7\_Main  
**Field Name:** Children\_0\_1\_TS  
**Row Name:** Infants <1 year of age  
**Column Name:** Title V Total Served  
**Year:** 2010  
**Field Note:**  
*//2010// The data is projected for the age group for 2008 based on 2000 FSM Population Census. //2010//*
8. **Section Number:** Form7\_Main  
**Field Name:** Children\_0\_1\_XIX  
**Row Name:** Infants <1 year of age  
**Column Name:** Title XIX %  
**Year:** 2010  
**Field Note:**  
Not applicable to FSM.
9. **Section Number:** Form7\_Main  
**Field Name:** Children\_0\_1\_XXI  
**Row Name:** Infants <1 year of age  
**Column Name:** Title XXI %  
**Year:** 2010  
**Field Note:**  
Not Applicable.
10. **Section Number:** Form7\_Main  
**Field Name:** Children\_0\_1\_Private  
**Row Name:** Infants <1 year of age  
**Column Name:** Private/Other %  
**Year:** 2010  
**Field Note:**  
Not Applicable. FSM is not eligible for Title XIX and Title XXI.
11. **Section Number:** Form7\_Main  
**Field Name:** Children\_0\_1\_None  
**Row Name:** Infants <1 year of age  
**Column Name:** None %  
**Year:** 2010  
**Field Note:**  
Not Applicable.
12. **Section Number:** Form7\_Main  
**Field Name:** Children\_0\_1\_Unknown



- Row Name:** Infants <1 year of age  
**Column Name:** Unknown %  
**Year:** 2010  
**Field Note:**  
 Not Applicable.
13. **Section Number:** Form7\_Main  
**Field Name:** Children\_1\_22\_TS  
**Row Name:** Children 1 to 22 years of age  
**Column Name:** Title V Total Served  
**Year:** 2010  
**Field Note:**  
 //2010// *The data is projected for the age group for 2008 based on 2000 FSM Population Census.* //2010//
14. **Section Number:** Form7\_Main  
**Field Name:** Children\_1\_22\_XIX  
**Row Name:** Children 1 to 22 years of age  
**Column Name:** Title XIX %  
**Year:** 2010  
**Field Note:**  
 Not applicable to FSM.
15. **Section Number:** Form7\_Main  
**Field Name:** Children\_1\_22\_XXI  
**Row Name:** Children 1 to 22 years of age  
**Column Name:** Title XXI %  
**Year:** 2010  
**Field Note:**  
 Not Applicable. FSM is not eligible for Title XIX and Title XXI.
16. **Section Number:** Form7\_Main  
**Field Name:** Children\_1\_22\_Private  
**Row Name:** Children 1 to 22 years of age  
**Column Name:** Private/Other %  
**Year:** 2010  
**Field Note:**  
 Not Applicable. FSM is not eligible for Title XIX and Title XXI.
17. **Section Number:** Form7\_Main  
**Field Name:** Children\_1\_22\_None  
**Row Name:** Children 1 to 22 years of age  
**Column Name:** None %  
**Year:** 2010  
**Field Note:**  
 Not Applicable.
18. **Section Number:** Form7\_Main  
**Field Name:** Children\_1\_22\_Unknown  
**Row Name:** Children 1 to 22 years of age  
**Column Name:** Unknown %  
**Year:** 2010  
**Field Note:**  
 Not Applicable.
19. **Section Number:** Form7\_Main  
**Field Name:** CSHCN\_TS  
**Row Name:** Children with Special Health Care Needs  
**Column Name:** Title V Total Served  
**Year:** 2010  
**Field Note:**  
 //2010// *The total Children with Special Healthcare Needs have been adjusted from 1,198 to 1,253.* //2010//
20. **Section Number:** Form7\_Main  
**Field Name:** CSHCN\_XIX  
**Row Name:** Children with Special Health Care Needs  
**Column Name:** Title XIX %  
**Year:** 2010  
**Field Note:**  
 Not Applicable. FSM is not eligible for Title XIX and Title XXI.
21. **Section Number:** Form7\_Main  
**Field Name:** CSHCN\_XXI  
**Row Name:** Children with Special Health Care Needs  
**Column Name:** Title XXI %  
**Year:** 2010  
**Field Note:**  
 Not Applicable. FSM is not eligible for Title XIX and Title XXI.
22. **Section Number:** Form7\_Main  
**Field Name:** CSHCN\_Private  
**Row Name:** Children with Special Health Care Needs  
**Column Name:** Private/Other %  
**Year:** 2010  
**Field Note:**  
 Not Applicable. FSM is not eligible for Title XIX and Title XXI.
23. **Section Number:** Form7\_Main  
**Field Name:** CSHCN\_None  
**Row Name:** Children with Special Health Care Needs  
**Column Name:** None %  
**Year:** 2010  
**Field Note:**  
 Not Applicable.
24. **Section Number:** Form7\_Main  
**Field Name:** CSHCN\_Unknown

**Row Name:** Children with Special Health Care Needs

**Column Name:** Unknown %

**Year:** 2010

**Field Note:**

Not Applicable.

25. **Section Number:** Form7\_Main

**Field Name:** AllOthers\_TS

**Row Name:** Others

**Column Name:** Title V Total Served

**Year:** 2010

**Field Note:**

Not Applicable. FSM is not eligible for Title XIX and Title XXI.

26. **Section Number:** Form7\_Main

**Field Name:** AllOthers\_XIX

**Row Name:** Others

**Column Name:** Title XIX %

**Year:** 2010

**Field Note:**

Not Applicable. FSM is not eligible for Title XIX and Title XXI.

27. **Section Number:** Form7\_Main

**Field Name:** AllOthers\_XXI

**Row Name:** Others

**Column Name:** Title XXI %

**Year:** 2010

**Field Note:**

Not Applicable. FSM is not eligible for Title XIX and Title XXI.

28. **Section Number:** Form7\_Main

**Field Name:** AllOthers\_Private

**Row Name:** Others

**Column Name:** Private/Other %

**Year:** 2010

**Field Note:**

Not Applicable. FSM is not eligible for Title XIX and Title XXI.

29. **Section Number:** Form7\_Main

**Field Name:** AllOthers\_None

**Row Name:** Others

**Column Name:** None %

**Year:** 2010

**Field Note:**

Not Applicable.

30. **Section Number:** Form7\_Main

**Field Name:** AllOthers\_Unknown

**Row Name:** Others

**Column Name:** Unknown %

**Year:** 2010

**Field Note:**

Not Applicable. FSM is not eligible for Title XIX and Title XXI.

**FORM 8**  
**DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE**  
**XIX**  
**(BY RACE AND ETHNICITY)**  
[SEC. 506(A)(2)(C-D)]  
**STATE: FM**

Reporting Year: 2008

**I. UNDUPLICATED COUNT BY RACE**

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
<b>DELIVERIES</b>								
Total Deliveries in State	2,113					2,113		
Title V Served	2,113					2,113		
Eligible for Title XIX	0							
<b>INFANTS</b>								
Total Infants in State	13,871					13,871		
Title V Served	13,871					13,871		
Eligible for Title XIX	0							

**II. UNDUPLICATED COUNT BY ETHNICITY**

	HISPANIC OR LATINO (Sub-categories by country or area of origin)							
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
<b>DELIVERIES</b>								
Total Deliveries in State	2,113							
Title V Served	2,113							
Eligible for Title XIX								
<b>INFANTS</b>								
Total Infants in State	13,871							
Title V Served	13,871							
Eligible for Title XIX								

## FORM NOTES FOR FORM 8

Not applicable. FSM is not eligible for benefits under Title XIX.

### FIELD LEVEL NOTES

1. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** DeliveriesTitleXIX\_All  
**Row Name:** Eligible for Title XIX  
**Column Name:** Total All Races  
**Year:** 2010  
**Field Note:**  
*//2010// FSM is not eligible for Title XIX. Not applicable to FSM.//2010//*
2. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** DeliveriesTitleXIX\_Hawaiian  
**Row Name:** Eligible for Title XIX  
**Column Name:** Native Hawaiian or Other Pacific Islander  
**Year:** 2010  
**Field Note:**  
Not applicable to FSM.
3. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** InfantsTotal\_All  
**Row Name:** Total Infants in State  
**Column Name:** Total All Races  
**Year:** 2010  
**Field Note:**  
This is a projected population for 2008 based on 2000 FSM Population Census.
4. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** InfantsTotal\_Hawaiian  
**Row Name:** Total Infants in State  
**Column Name:** Native Hawaiian or Other Pacific Islander  
**Year:** 2010  
**Field Note:**  
This is a projected population for 2008 based on 2000 FSM Population Census.
5. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** InfantsTitleXIX\_All  
**Row Name:** Eligible for Title XIX  
**Column Name:** Total All Races  
**Year:** 2010  
**Field Note:**  
*//2010// FSM is not eligible for Title XIX. Not applicable to FSM.//2010//*
6. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** InfantsTitleXIX\_Hawaiian  
**Row Name:** Eligible for Title XIX  
**Column Name:** Native Hawaiian or Other Pacific Islander  
**Year:** 2010  
**Field Note:**  
Not applicable to FSM.
7. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTitleXIX\_TotalNotHispanic  
**Row Name:** Eligible for Title XIX  
**Column Name:** Total Not Hispanic or Latino  
**Year:** 2010  
**Field Note:**  
*//2010// FSM is not eligible for Title XIX. Not applicable to FSM.//2010//*
8. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTotal\_TotalNotHispanic  
**Row Name:** Total Infants in State  
**Column Name:** Total Not Hispanic or Latino  
**Year:** 2010  
**Field Note:**  
This is a projected population for 2008 based on 2000 FSM Population Census.
9. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTitleV\_TotalNotHispanic  
**Row Name:** Title V Served  
**Column Name:** Total Not Hispanic or Latino  
**Year:** 2010  
**Field Note:**  
This is a projected population for 2008 based on 2000 FSM Population Census.
10. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTitleXIX\_TotalNotHispanic  
**Row Name:** Eligible for Title XIX  
**Column Name:** Total Not Hispanic or Latino  
**Year:** 2010  
**Field Note:**  
*//2010// FSM is not eligible for Title XIX. Not applicable to FSM.//2010//*

**FORM 9**  
**STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM**  
[SECS. 505(A)(E) AND 509(A)(8)]  
**STATE: FM**

	<b>FY 2010</b>	<b>FY 2009</b>	<b>FY 2008</b>	<b>FY 2007</b>	<b>FY 2006</b>
1. State MCH Toll-Free "Hotline" Telephone Number	<u>0,000,000,000</u>	<u>0,000,000,000</u>	<u>0,000,000,000,000,000</u>	<u>0,000,000,000,000</u>	<u>                    </u>
2. State MCH Toll-Free "Hotline" Name	<u>No Name</u>	<u>No Name</u>	<u>No Name</u>	<u>No Name</u>	<u>                    </u>
3. Name of Contact Person for State MCH "Hotline"	<u>Mr. Dionis Saimon</u>	<u>Mr. Dionis Saimon</u>	<u>Mr. Dionis Saimon</u>	<u>Mr. Dionis Saimon</u>	<u>Mr. Dionis Saimon</u>
4. Contact Person's Telephone Number	<u>691-320-2619</u>	<u>691-320-2619</u>	<u>691-320-2619</u>	<u>691-320-2619</u>	<u>691-320-2619</u>
5. Contact Person's Email	<u>desaimon@fsmhealth.fm</u>	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
6. Number of calls received on the State MCH "Hotline" this reporting period	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

**FORM 9**  
**STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)**  
[SECS. 505(A)(E) AND 509(A)(8)]  
**STATE: FM**

	<b>FY 2010</b>	<b>FY 2009</b>	<b>FY 2008</b>	<b>FY 2007</b>	<b>FY 2006</b>
1. State MCH Toll-Free "Hotline" Telephone Number	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
2. State MCH Toll-Free "Hotline" Name	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
3. Name of Contact Person for State MCH "Hotline"	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
4. Contact Person's Telephone Number	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
5. Contact Person's Email	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
6. Number of calls received on the State MCH "Hotline" this reporting period	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

**FORM NOTES FOR FORM 9**

FSM Telecommunication Corporation does not have the capability to run a "hot line" number.

**FIELD LEVEL NOTES**

None

**FORM 10**  
**TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT**  
**STATE PROFILE FOR FY 2010**  
[SEC. 506(A)(1)]  
**STATE: FM**

1. State MCH Administration:  
(max 2500 characters)

As documented in the Statement of Assurances in Section III, Requirements for Application, the Federated States of Micronesia assures the Secretary of DHHS that no more than 10% of the funds will be used for administrative costs of each program component. The FSM further assures the Secretary that it defines these administrative costs as the salary of the MCH Assistant Coordinator, fringe benefits, travel for the National MCH program staff and expendable supplies to support the administration of the Program at the FSM National Government.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 582,617
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 440,000
5. Local MCH Funds (Line 4, Form 2)	\$ 0
6. Other Funds (Line 5, Form 2)	\$ 0
7. Program Income (Line 6, Form 2)	\$ 0
<b>8. Total Federal-State Partnership (Line 8, Form 2)</b>	<b>\$ 1,022,617</b>

9. Most significant providers receiving MCH funds:

Public Health Services in the four FSM States.

Dental Services in the four FSM States

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	2,193
b. Infants < 1 year old	2,429
c. Children 1 to 22 years old	26,447
d. CSHCN	1,198
e. Others	3,553

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:

(max 2500 characters)

The MCH Program in the FSM continues to provide a large segment of the direct health care and enabling services for the maternal and infant population. Direct care services include prenatal care services, screening, general physical exam, risk assessment, and general counseling. Enabling services include education and counseling on family planning, nutrition, breastfeeding and normal pregnancy, etc

b. Population-Based Services:

(max 2500 characters)

Population-Based Services include pap smear, hemoglobin and hepatitis B screening. STIs screening and gonorrhea, chlamydia, HIV, and syphilis and immunization to prevent childhood diseases.

c. Infrastructure Building Services:

(max 2500 characters)

Infrastructure Based Services include Quality Assurance Programs which mandates development of policy and procedure manuals for every program at Public Health, which contains PNC Goals and Objectives, Program Responsibilities, Management of Programs, Program Coordinators' Responsibilities, Prenatal Clinics, Schedules of Clinic Visits, High Risk Clients, Prenatal Care and Ultrasound schedule. Well Baby Care Service Clinics also has its own policy and procedural manual.

12. The primary Title V Program contact person:

Name	Mr. Dionis E. Saimon
Title	Program Manager
Address	P.O. Box PS 70
City	Palikir
State	Pohnpei, FM
Zip	96941
Phone	691-320-2619
Fax	691-320-5263

13. The children with special health care needs (CSHCN) contact person:

Name	Mr. Dionis E. Saimon
Title	Program Manager
Address	P.O. Box PS 70
City	Palikir
State	Pohnpei, FM
Zip	96941
Phone	691-320-2619
Fax	691-320-5263

Email desaimon@fsmhealth.fm

Web

Email desaimon@fsmhealth.fm

Web



**FORM NOTES FOR FORM 10**

None

**FIELD LEVEL NOTES**

None

**FORM 11**  
**TRACKING PERFORMANCE MEASURES**  
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]  
**STATE: FM**

**Form Level Notes for Form 11**

Not applicable to FSM. However, last year FSM submitted an application to HRSA for the Early Hearing Detection and Intervention (EHDI) Grant. Fortunately, FSM got funded and we are currently doing newborn hearing screening at the four main state hospitals in the FSM. FSM still lacks the facility and expertise to carry out metabolic screening. //2010// What efforts has FSM taken to address the issues revealed as a result of the survey? First, the CSHCN staff in the four FSM states met with the Early Childhood Education Program (ECEP) and Special Education staffs and shared the survey results and agreed to reactivate the Interagency Assessment services by re-naming or re identifying members to the assessment committee/team. Prior to this, the CSHCN Physician and the CSHCN Program Coordinator are the ones doing assessment of the children with special needs and making referrals. A child with special health care needs required to be wholly assessed in order to get appropriate and coordinated services. During interagency assessment parents are also required to be present and receive education on the medical and educational needs of their children. The needs of the child is identified and referred to appropriate services with the consent of the parent. Secondly, during Well Baby Clinic (WBC) and community outreach, the FSM states' assessment teams educate mothers and communities that CSHCN clinic are open Mondays to Fridays and that physicians are standing by to assist. Previously, the physicians are available only on Tuesday to see the children with special needs, some mothers still have that schedule in mind and they find it inconvenient. So community awareness was done also regarding the clinic schedules and the availability of a physician to see the kids. This should minimize the waiting period and rendered convenient time for the family/child. Thirdly, FSM State CSHCN Programs are doing more community outreach because many of the children with special needs and their families find it difficult to come to the center to see the doctor because many of the families and children have no steady income or without insurance and could not afford the travel cost to be seen by the doctors. The increase in the number of the community outreach activities resulted in the increase of the number of CSHCN identified and admitted to CSHCN Program. Finally, to sum of FSM's current efforts to address the findings of the CSHCN Survey, the State Programs have reactivated the State Interagency teams; empower parents for greater parental involvement and assurance of appropriate and coordinated services; increase/improve awareness of CSHCN Program and services; and increase outreach services and make the service accessible to the families and children with special needs //2010//

**PERFORMANCE MEASURE # 01**

The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
<b>Annual Performance Objective</b>	<u>0</u>	<u>0</u>	<u>80</u>	<u>0</u>	<u>85</u>
<b>Annual Indicator</b>	<u>100.0</u>	<u>100.0</u>	<u>0.0</u>	<u>0.0</u>	
<b>Numerator</b>	<u>1</u>	<u>1</u>	<u>0</u>	<u>0</u>	
<b>Denominator</b>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	
<b>Data Source</b>					

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
<b>Annual Performance Objective</b>	<u>87</u>	<u>90</u>	<u>80</u>	<u>80</u>	<u>80</u>
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

**1. Section Number:** Form11\_Performance Measure #1

**Field Name:** PM01

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

//2010// Not Applicable to FSM. FSM lacks the capability to carry out metabolic screening. Numbers are dummies so please ignore them. However, FSM plans to meet with the othe Pacific Island Jurisdictions, like Palau, Guam, CNMI to find out what they are doing for this Performance Measure. If it is feasible, FSM might engage in an overseas contract to get this screening done overseas, similar to what FSM is doing for the reading of Pap Smears. //2010//

**2. Section Number:** Form11\_Performance Measure #1

**Field Name:** PM01

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Not applicable to FSM.

**PERFORMANCE MEASURE # 02**

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	80	20	80	80	85
Annual Indicator	62.0	100.0	76.4	100.0	92.5
Numerator	173	1	146	1	1,159
Denominator	279	1	191	1	1,253
Data Source					Public Health Records
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	95	95	95	95	100
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #2

**Field Name:** PM02

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

//2010// The data provided is based on our best estimate. FSM plans to carry out a follow-up survey next year to find out if families are satisfied with the services. However, parents are the decision makers when initiating care plans for their children. Every time a special child came to the clinics, parents are the first one to decide what they want the service providers to do for the special child. Care plan forms are provide to parents and after counseling, screening, assessing the child and the parents then consents are obtained to carry out the services. After 6months to a year then the care plans are reevaluated to see if the parents satisfied with the services provided. Currently CSN and Special Ed programs are conducting parental workshops to make the parents know the importance of their partner in decision making.//2010//

2. **Section Number:** Form11\_Performance Measure #2

**Field Name:** PM02

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

FSM did not conduct a CSHCN Survey in 2007. Numbers are dummies so ignore.

3. **Section Number:** Form11\_Performance Measure #2

**Field Name:** PM02

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Pohnpei State conducted a CSN Survey in April and May this year. The Survey Questionnaire and report is attached under "State Overview" Other MCH Capacity.

**PERFORMANCE MEASURE # 03**

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	70	60	70	70	70
Annual Indicator	57.0	0.0	76.9	0.0	81.2
Numerator	57	0	40	0	1,017
Denominator	100	1	52	1	1,253

**Data Source**

Public Health  
Record

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	85	85	90	90	90
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #3

**Field Name:** PM03

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

//2010// MCH/CSN programs are working with the chiefs of staff and the nurses to assure that the protocols for the CSHCN program are followed as well as the referral process to the assessment and re-evaluation. Currently there is a designated physician in place, and for some states there is an alternate physician, which means that there are two physicians ready to see the CSHCN clients who will come to the hospital or even at home who need services. //2010//

2. **Section Number:** Form11\_Performance Measure #3

**Field Name:** PM03

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

The data came from the CSN Survey conducted in Pohnpei this year.

**PERFORMANCE MEASURE # 04**

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	15	22	25	30	60
Annual Indicator	20.1	0.0	36.1	0.0	67.0
Numerator	56	0	109	0	839
Denominator	279	1	302	1	1,253
Data Source					Public Health Record
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	70	80	80	85	90
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #4

**Field Name:** PM04

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

//2010// FSM has a government owned Health Insurance Scheme (MICARE) for the government employees. Parents who are covered under the scheme also have their children covered under their policies. Those children whose parents do not work for the government and have no insurance policies are not covered. The FSM MCH/CSHCN Programs are providing counseling and education programs to parents regarding the importance of insurance. In the FSM, a child cannot be denied health care simply because they do not have insurance. However, having insurance is very important for those children with special conditions which require referral to overseas hospitals in Hawaii or the Philippines. Having some insurance policy will assist to expedite the referral process. Those without insurance may be referred by the respective State Hospitals but will have to wait until funding is available. The State MCH/CSHCN Programs are collaborating with Women Groups, government and non-governmental organizations, to include the topic of importance of Insurance in their community outreach activities. //2010//

2. **Section Number:** Form11\_Performance Measure #4

**Field Name:** PM04

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

The data came from the CSN Survey conducted in Pohnpei State this year.

**PERFORMANCE MEASURE # 05**

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	50	30	35	40	60
Annual Indicator	14.0	0.0	34.8	0.0	82.7
Numerator	38	0	108	0	1,036
Denominator	272	1	310	1	1,253
Data Source					Public Health Record
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2009	2010	2011	2012	2013
Annual Performance Objective	85	90	90	95	95
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #5

**Field Name:** PM05

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

//2010// Each FSM State has a committee represented by the parents, teachers, health, education, and state leaders in each community so this committee at the community level will report whatever needed to the upper level. Each committee member is known to all CSN parents in order for them to know who to contact when there is a need. //2010//

2. **Section Number:** Form11\_Performance Measure #5

**Field Name:** PM05

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

The data came from the CSN Survey conducted in Pohnpei State this year.

**PERFORMANCE MEASURE # 06**

The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	40	20	25	30	60
Annual Indicator	17.0	0.0	66.7	0.0	69.5
Numerator	44	0	132	0	871
Denominator	259	1	198	1	1,253
Data Source					Public Health Record
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	70	75	80	85	90
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #6

**Field Name:** PM06

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

//2010// So far Health care provide services starting from birth all the way to death but for Special education they start from 5 yrs up to 21yrs only and so far services continued and we are trying to put more effort to prepare the youths for transition. Since FSM does not have government established or supported transition programs, the transition process is being undertaken by the respective parents in the Micronesia way. Transition, in this respect, is to prepare the children with special health care need with skills to do certain things on his/her own. However, in the FSM, children having special conditions are considered "very special" and they stay with parents, other siblings, and close relatives as long as they live. //2010//

2. **Section Number:** Form11\_Performance Measure #6

**Field Name:** PM06

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

The data came from the CSN Survey conducted in Pohnpei State this year.

**PERFORMANCE MEASURE # 07**

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	80	50	60	70	80
Annual Indicator	79.2	82.5	60.0	68.8	63.4
Numerator	2,478	2,486	1,751	1,860	1,616
Denominator	3,127	3,015	2,917	2,703	2,548

Data Source

Immunization  
data/Census

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	90	95	95	100	100
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes**

None



**PERFORMANCE MEASURE # 08**

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	18	40	50	50	40
Annual Indicator	30.9	15.0	17.2	21.1	15.4
Numerator	118	123	98	109	76
Denominator	3,816	8,211	5,711	5,170	4,951

Data Source

Birth  
Certificate/Census  
Data

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	40	30	30	20	20
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

None

# **PERFORMANCE MEASURE # 09**

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	35	65	70	75	75
Annual Indicator	59.7	40.7	37.6	64.4	39.7
Numerator	1,812	825	1,185	1,479	857
Denominator	3,036	2,029	3,149	2,296	2,157
Data Source					Dental Program/Dept. of Education Data
Do not report the numerator because there are fewer than 5 events over the last year, and the number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
If you cannot report the numerator because of the above reasons, explain in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>75</u>	<u>80</u>	<u>80</u>	<u>90</u>	<u>90</u>
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

## **Field Level Notes**

None

**PERFORMANCE MEASURE # 10**

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	6.5	7.5	7.5	7	6
Annual Indicator	6.9	16.2	0.0	0.0	5.1
Numerator	3	7	0	0	2
Denominator	43,693	43,172	40,809	40,339	39,066
Data Source					Vital Statistics/Census Data
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2009	2010	2011	2012	2013
Annual Performance Objective	5	4	3	1	1
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes**

None

**PERFORMANCE MEASURE # 11**

The percent of mothers who breastfeed their infants at 6 months of age.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective			75	80	85
Annual Indicator		69.1	73.6	74.9	73.2
Numerator		1,091	1,545	1,428	1,500
Denominator		1,579	2,098	1,907	2,048

Data Source

MCH Program  
Data/Birth  
Certificate

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	90	95	95	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

None

**PERFORMANCE MEASURE # 12**

Percentage of newborns who have been screened for hearing before hospital discharge.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	0	0	0	0	0
Annual Indicator	100.0	0.0	0.0	0.0	0.0
Numerator	1	0	0	0	0
Denominator	1	1	1	1	1,087

Data Source

Birth  
Certificate/Vital  
Statistics

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	80	85	90	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

- 1.
- Section Number:**
- Form11\_Performance Measure #12

**Field Name:** PM12**Row Name:****Column Name:****Year:** 2008**Field Note:**

Last year FSM applied and received funding from HRSA to conduct Newborn Hearing Screening. This year, the four FSM States are doing Newborn Hearing Screening. Data on Newborn Hearing Screening will be provided next year.

- 2.
- Section Number:**
- Form11\_Performance Measure #12

**Field Name:** PM12**Row Name:****Column Name:****Year:** 2006**Field Note:**

Not applicable to FSM.

**PERFORMANCE MEASURE # 13**

Percent of children without health insurance.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	10	10	10	10	9
Annual Indicator	89.2	58.5	91.2	90.6	73.4
Numerator	32,306	30,080	46,644	46,963	38,337
Denominator	36,215	51,383	51,166	51,824	52,215

Data Source

MCH Program  
Data/Census Data

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	8	8	7	5	5
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes**1. **Section Number:** Form11\_Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2007**Field Note:**

In the FSM, everyone, including children are accessible to health care. No person can be denied medication or health care simply because s/he does not have money or cannot pay. This means that FSM has universal coverage in the health system. Additional coverage may be added with the purchase of a Health Insurance Policy.

**PERFORMANCE MEASURE # 14**

Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective			10	15	30
Annual Indicator		100.0	0.0	0.0	12.7
Numerator		1	0	0	230
Denominator		1	1	1	1,813
Data Source					Public Health Data

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	50	70	80	90	90
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #14

**Field Name:** PM14

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Not Applicable. FSM is not eligible for the WIC Program.

2. **Section Number:** Form11\_Performance Measure #14

**Field Name:** PM14

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

FSM is not eligible for the WIC Program. However, during the next reporting period FSM will be reporting on the number of 2-5 year olds with BMI at or above the 85th percentile. No data collected for this reporting period.

**PERFORMANCE MEASURE # 15**

Percentage of women who smoke in the last three months of pregnancy.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective			2.5	2.5	2
Annual Indicator		2.9	0.3	2.0	3.2
Numerator		71	13	45	70
Denominator		2,441	4,834	2,283	2,205

Data Source

Public Health  
Record/Vital  
Statistics

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	1.7	1.7	1.5	1	1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are  
 not required for future year data.

**Field Level Notes**

None



**PERFORMANCE MEASURE # 16**

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	25	25	15	15	3
Annual Indicator	22.5	17.0	7.4	28.9	0.0
Numerator	3	3	1	4	0
Denominator	13,357	17,689	13,503	13,849	13,944

Data Source

Vital  
Statistics/Census  
Data

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	3	2	2	1	1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

None

**PERFORMANCE MEASURE # 17**

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Annual Indicator	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
Numerator	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Denominator	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
Data Source					Hospital Discharge/Birth Certificate
Do not report the numerator because there are fewer than 5 events over the last year, and the average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2008**Field Note:**

Not Applicable to FSM. FSM does not have facilities for high risk deliveries.

**2. Section Number:** Form11\_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2006**Field Note:**

Not applicable to FSM.

**PERFORMANCE MEASURE # 18**

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	22	23	25	28	60
Annual Indicator	20.1	26.1	19.8	30.3	40.4
Numerator	486	637	461	696	854
Denominator	2,415	2,441	2,325	2,299	2,113

Data Source

Birth Certificate

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	80	80	90	100	100

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

None

**STATE PERFORMANCE MEASURE # 1**

The percent of women receiving services in the MCH Programs who receive a Pap smear.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	40	30	35	40	80
Annual Indicator	27.3	26.8	57.2	17.5	40.0
Numerator	790	923	1,793	412	1,216
Denominator	2,893	3,450	3,135	2,353	3,042
Data Source					MCH Program Data
Is the Data Provisional or Final?				Provisional	Provisional

  

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	80	90	90	95	95
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

None

**STATE PERFORMANCE MEASURE # 2**

Percent of pregnant women who have been screened for Hepatitis B surface antigen.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	68	75	80	80	85
Annual Indicator	72.4	81.9	82.6	80.2	100.0
Numerator	1,624	2,321	1,762	1,836	2,193
Denominator	2,244	2,834	2,132	2,289	2,193
Data Source					Prenatal Clinic Data
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	85	90	95	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

None

**STATE PERFORMANCE MEASURE # 7**

Percent of children with identified developmental problems who are admitted to the CSHCN Program.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			35	40	60
Annual Indicator		1.0	9.7	19.7	26.3
Numerator		61	98	254	310
Denominator		5,944	1,007	1,289	1,177
Data Source					CSHCN Program Data
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	70	80	90	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

None

**STATE PERFORMANCE MEASURE # 8**

Percent pregnant women attending prenatal care who are screened for low hemoglobin.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	96	90	90	95	100
Annual Indicator	89.6	90.0	89.4	98.6	94.9
Numerator	2,011	2,091	1,905	2,256	2,081
Denominator	2,244	2,324	2,132	2,289	2,193
Data Source					Prenatal Clinic Data
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

None

**STATE PERFORMANCE MEASURE # 9**

Percent infants who received at least six bottles (1 bottle/30 days) of fluoride in the first year of life

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	20	15	20	20	30
Annual Indicator	10.2	9.2	13.4	20.3	27.3
Numerator	224	635	1,024	1,706	3,943
Denominator	2,198	6,892	7,663	8,423	14,432
Data Source					Well Baby Clinic Data/ECE Data/Dental Program Data
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	50	70	80	90	90
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

None



**STATE PERFORMANCE MEASURE # 10**

Percent of children with special needs who have a completed reevaluation by the CSN team within the last 12 months.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	65	60	65	70	70
Annual Indicator	54.0	36.4	36.3	34.7	35.7
Numerator	519	414	446	452	430
Denominator	962	1,138	1,227	1,302	1,203
Data Source					CSHCN Program Data
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>75</u>	<u>80</u>	<u>85</u>	<u>90</u>	<u>90</u>
Annual Indicator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Numerator					
Denominator					

**Field Level Notes**

None

**STATE PERFORMANCE MEASURE # 11**

Percent of women of child-bearing age who attended workshops in the schools and communities during the reporting period.

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective				0	50
Annual Indicator			0.0	34.5	47.7
Numerator			0	7,295	11,741
Denominator			1	21,157	24,612
Data Source					Public Health Record/Census Data
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2009	2010	2011	2012	2013
Annual Performance Objective	70	80	90	90	90
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**1. **Section Number:** Form11\_State Performance Measure #11**Field Name:** SM11**Row Name:****Column Name:****Year:** 2006**Field Note:**

No data was collected and reported from the FSM States during this reporting period.

**STATE PERFORMANCE MEASURE # 12**

The rate of maternal deaths in the reporting year.

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective					3
Annual Indicator					
Numerator					
Denominator					
Data Source					Death Certificate
Is the Data Provisional or Final?				Provisional	

	<u>Annual Objective and Performance Data</u>				
	2009	2010	2011	2012	2013
Annual Performance Objective	3	2	1	1	1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Form11\_State Performance Measure #12

**Field Name:** SM12**Row Name:****Column Name:****Year:** 2008**Field Note:**

//2010// This measure was selected in 2008 and FSM will begin reporting on it in 2009. The FSM States' MCH Programs suspected that FSM has a much higher rates of maternal deaths than what the country has been reporting. In order to ascertain this suspicion FSM decided to add this measure to the State Negotiated Performance Measures.//2010//

2. **Section Number:** Form11\_State Performance Measure #12

**Field Name:** SM12**Row Name:****Column Name:****Year:** 2007**Field Note:**

This is a new State Performance Measure. FSM will start reporting on this performance measure in 2008. The numbers are only dummies and should be ignored.

**STATE PERFORMANCE MEASURE # 13**

The percent of one year old babies with anemia.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective					60
Annual Indicator					95.6
Numerator					3,548
Denominator					3,710
Data Source					Well Baby Clinic Data
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	50	30	20	10	10
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Form11\_State Performance Measure #13

**Field Name:** SM13**Row Name:****Column Name:****Year:** 2008**Field Note:**

//2010// The FSM States' MCH Programs suspected that a lot more children under 1 year old are anemic. In order to ascertain this suspicion FSM decided to add this measure to the State Negotiated Performance Measures.//2010//

2. **Section Number:** Form11\_State Performance Measure #13

**Field Name:** SM13**Row Name:****Column Name:****Year:** 2007**Field Note:**

This is a new State Performance Measure. FSM will start reporting on this performance measure in 2008. The numbers are only dummies and should be ignored.

**FORM 12**  
**TRACKING HEALTH OUTCOME MEASURES**  
[SECS 505 (A)(2)(B)(III) AND 506 (A)(2)(A)(III)]  
**STATE: FM**

**Form Level Notes for Form 12**

None

**OUTCOME MEASURE # 01**

The infant mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	20	20	21	15	10
Annual Indicator	17.4	16.0	11.2	20.6	17.0
Numerator	42	39	26	49	36
Denominator	2,415	2,441	2,325	2,374	2,113

**Data Source**

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

*(Explain data in a year note. See Guidance, Appendix IX.)*

**Is the Data Provisional or Final?**

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	10	8	8	6	6

**Annual Indicator**

**Numerator**

**Denominator**

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Form12\_Outcome Measure 1

**Field Name:** OM01

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

FSM realized the high rates of infant mortality for such a small population. Some of the leading causes of Infant death in 2007 include, congenital anomalies and syphilis (infection) resulting in asphyxia, prolong labor, and poor diet of the pregnant mother. The MCH and Family Program plus the OB Ward nurses and Doctors continued to work very hard to review the infant's deaths certificates and make recommendations to alter the problems that are causing our infants deaths to increase. They also stress the important of the pregnant mothers to deliver at the hospital to prevent infection among the newborn. Nutrition education is standard practice in PNC and Post Partum clinics. Community nutrition education is also done. Considering the level of unemployment especially amongst women, the means to access nutritious food is hard and local foods are more costly than processed starch from the local stores.

**OUTCOME MEASURE # 02**

The ratio of the black infant mortality rate to the white infant mortality rate.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	0	0	1	1	1
Annual Indicator	NaN	1.0	1.0	0.0	
Numerator	0	1	1	0	
Denominator	0	1	1	1	

**Data Source**

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	1	1	1	1	1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form12\_Outcome Measure 2

**Field Name:** OM02

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Not applicable to FSM.

**2. Section Number:** Form12\_Outcome Measure 2

**Field Name:** OM02

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Not applicable to FSM.

**OUTCOME MEASURE # 03**

The neonatal mortality rate per 1,000 live births.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	14	14	14.5	14.5	10
Annual Indicator	13.3	9.4	6.5	13.9	13.7
Numerator	32	23	15	33	29
Denominator	2,415	2,441	2,325	2,374	2,113

**Data Source**

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

*(Explain data in a year note. See Guidance, Appendix IX.)***Is the Data Provisional or Final?**

Final

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	8	6	3	1	1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are  
 not required for future year data.

**Field Level Notes**

None

**OUTCOME MEASURE # 04**

The postneonatal mortality rate per 1,000 live births.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	6	6	6	7	5
Annual Indicator	4.6	8.2	5.2	5.5	4.3
Numerator	11	20	12	13	9
Denominator	2,415	2,441	2,325	2,374	2,113

**Data Source**

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

*(Explain data in a year note. See Guidance, Appendix IX.)***Is the Data Provisional or Final?**

Final

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	4	3	2	1	1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are  
 not required for future year data.

**Field Level Notes**

None



**OUTCOME MEASURE # 05**

The perinatal mortality rate per 1,000 live births plus fetal deaths.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	38	45	45	20	30
Annual Indicator	40.2	23.9	22.3	42.7	25.6
Numerator	100	60	53	104	56
Denominator	2,490	2,513	2,373	2,435	2,185

**Data Source**

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

*(Explain data in a year note. See Guidance, Appendix IX.)***Is the Data Provisional or Final?**

Final

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	25	20	15	10	10
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are  
 not required for future year data.

**Field Level Notes**

None

**OUTCOME MEASURE # 06**

The child death rate per 100,000 children aged 1 through 14.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	70	60	60	60	50
Annual Indicator	58.9	114.2	67.0	151.1	46.3
Numerator	24	46	26	58	18
Denominator	40,752	40,266	38,829	38,377	38,854

**Data Source**

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

*(Explain data in a year note. See Guidance, Appendix IX.)***Is the Data Provisional or Final?**

Final

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	40	30	20	10	10
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are  
 not required for future year data.

**Field Level Notes**

None

**FORM 13**  
**CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS**  
**STATE: FM**

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

2

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

3

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

3

4. Family members are involved in service training of CSHCN staff and providers.

2

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

2

6. Family members of diverse cultures are involved in all of the above activities.

3

**Total Score:** 15

**Rating Key**

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

**FORM NOTES FOR FORM 13**

None

**FIELD LEVEL NOTES**

None

**FORM 14**  
**LIST OF MCH PRIORITY NEEDS**

[Sec. 505(a)(5)]

**STATE: FM FY: 2010**

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women," and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. To increase the percentage of women receiving adequate prenatal care. (Maintain) //2008// No Change or Additions //2008// //2009// No Change or Addition //2009// //2010// No Change//2010//
2. To improve the nutritional status of women during their pregnancy. (Maintain) //2008// No Change or Additions //2008// //2009// No Change //2009// //2010// No Change//2010//
3. To decrease infant mortality rate. (Maintain) //2008// No Change or Additions //2008// //2009// No Change //2009// //2010// No Change//2010//
4. //2007// To increase the percent of women of child-bearing age who attend Comprehensive Health Education sessions in schools and communities. (New) //2007// //2008// No Change //2008// //2009// No Change //2009// //2010// No Change //2010//
5. To decrease dental disease among children. (Maintain) //2008// No Change or Additions //2008// //2009// No Change //2009// //2010// No Change //2010//
6. To improve the nutritional status of children. (Maintain) //2008// No Change or Additions //2008// //2009// No Change //2009// //2010// No Change //2010//
7. To decrease the percentages of acute infectious illnesses among children. (Maintain) //2008// No Change or Additions //2008// //2009// No Change //2009// //2010// No Change //2010//
8. To increase the percentage of children with special needs served by a team. (Maintain) //2008// No Change or Additions //2008// //2009// No Change //2009// //2010// No Change //2010//
9. To increase the number of children identified with developmental problems who are admitted into the CSHCN Program. (New) //2008// No Change or Additions //2008// //2009// No Change //2009// //2010// No Change //2010//
10. To increase the percent of women screened for low hemoglobin. (New) //2008// No Change or Additions //2008// //2009// No Change //2009// //2010// No Change //2010//

**FORM NOTES FOR FORM 14**

None

**FIELD LEVEL NOTES**

None

**FORM 15**  
**TECHNICAL ASSISTANCE(TA) REQUEST**

STATE: FM

APPLICATION YEAR: 2010

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	<b>State Performance Measure Issues</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>5</u>	Requesting a consultant to assist the FSM MCH Program develop a comprehensive preventive dental and oral hygiene program for women, infants and children.	The FSM MCH Program does not possess the level of expertise in this area at the National and State level.	HRSA to assist to identify the consultant.
2.	<b>State Performance Measure Issues</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>2</u>	Request a consultant to assist FSM MCH Program to develop a comprehensive Nutrition Education program for women, infants and children.	The FSM MCH Program does not possess the level of expertise in this area at the National or state level.	HRSA or UNICEF to provide training or identify consultant
3.	<b>State Performance Measure Issues</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>8</u>	Request a consultant to assist FSM MCH Program to develop a system for providing follow-up on screening where positive result are found.	The FSM MCH Program does not possess the level of expertise in this area at the National and state level.	HRSA to provide training or identify consultant for the training.
4.	<b>Data-related Issues - Performance Indicators</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>        </u>	FSM MCH Program staff continue to have difficulty in completing TVIS required forms.	The TVIS is unique and only their staff knows about the specifics.	TVIS staff, particularly Chris Dykton.
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>        </u>			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>        </u>			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>        </u>			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>        </u>			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>        </u>			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>        </u>			

	measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			



**FORM NOTES FOR FORM 15**

None

**FIELD LEVEL NOTES**

None

**FORM 16**  
**STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET**  
**STATE: FM**

SP # 1

**PERFORMANCE MEASURE:**

The percent of women receiving services in the MCH Programs who receive a Pap smear.

**STATUS:**

Active

**GOAL**

To assure that women receiving services through the MCH Program receive an annual Pap smear, appropriate referrals for treatment, and follow up after referral

**DEFINITION**

**Numerator:**

Number of women receiving MCH program services who receive a Pap smear

**Denominator:**

Number of women receiving MCH program services

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Pap smear log book Family Planning log book Prenatal care log book Post Partum log book

**SIGNIFICANCE**

The Pap Smear Screening Program for women in MCH programs (family planning clinics, prenatal care clinics, and post partum clinics) has been implemented to identify women at risk for cervical cancer and to assure early treatment. The early identification of women with positive Pap smears, referral for treatment and follow up services are important to decrease the incidence of the highest cause of cancer morbidity and mortality of women in the child bearing ages.

SP # 2

**PERFORMANCE MEASURE:**

Percent of pregnant women who have been screened for Hepatitis B surface antigen.

**STATUS:**

Active

**GOAL**

To assure that all pregnant women receive Hepatitis B screening to identify those pregnant women who are HbAgS positive in order to assure their infants receive HbIG when appropriate and immunizations.

**DEFINITION**

**Numerator:**

Number of pregnant women screened for Hepatitis B surface antigen

**Denominator:**

Number of pregnant women

**Units:** 100   **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Prenatal care log book

**SIGNIFICANCE**

Hepatitis B viral (HBV) infection is a major cause of acute and chronic hepatitis, cirrhosis, and primary hepatocellular carcinoma. The likelihood of becoming chronically infected with HBV varies inversely with the age at which infection occurs./ HBV transmitted from HbAgS positive mothers to their newborns results in HBV carriage from up to 90% of infants. Between 25% and 50% of children infected before 5 years of age become carriers, whereas only 8% - 10% of acutely infected adults become carriers. Therefore prevention strategies for populations in which HBV infection is endemic are directed at vaccinating infants with hepatitis B vaccine, usually beginning at birth, to prevent both perinatal and childhood transmission of infection.

SP # 7

**PERFORMANCE MEASURE:**

Percent of children with identified developmental problems who are admitted to the CSHCN Program.

**STATUS:**

Active

**GOAL**

To assure the early identification and referral of children with special health care needs.

**DEFINITION**

**Numerator:**

Number of children in the CSHCN Program identified with a developmental disability.

**Denominator:**

Number of children in the CSHCN Program

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

Clinician assessment of the child development

Increase to at least 80% the proportion of providers for primary care for children who routinely refer or screen infants and children for impairments of vision, hearing, speech, and language, and assess other developmental milestones as part of well child care.

**DATA SOURCES AND DATA ISSUES**

CSN Registry and data system

**SIGNIFICANCE**

The early identification and referral of children suspected of having a handicapping condition to the CSN program is important to assure that identification of service needs for the child and family - with early intervention services, the chances of improving the ultimate health status and outcomes for the child increases. Therefore, focusing on the identification and referral of children in the 0-3 year old age group will improve the status of children with handicapping conditions.

SP # 8

**PERFORMANCE MEASURE:**

Percent pregnant women attending prenatal care who are screened for low hemoglobin.

**STATUS:**

Active

**GOAL**

To identify and treat pregnant women who are at nutritional risk early in the pregnancy.

**DEFINITION**

**Numerator:**

Number of pregnant womrn who receive a screening for low hemoglobin at their first prenatal care visit.

**Denominator:**

Number of women who attend the first prenatal care visit.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Prenatal logbook

**SIGNIFICANCE**

Anemia during pregnancy is an indicator of a state of nutritional risk both for the pregnant woman and for the fetus. The long term consequences of low hemoglobin and anemia in a pregnant women is reflected in the development of iron deficiency states and possible iron deficiency anemia in the infant early in life. This nutritional risk state may have an impact on the growth and development of the infant.

SP # 9

**PERFORMANCE MEASURE:**

Percent infants who received at least six bottles (1 bottle/30 days) of fluoride in the first year of life

**STATUS:**

Active

**GOAL**

To assure that infants start fluoride supplementation in the first year of life as a preventive measure.

**DEFINITION**

**Numerator:**

Number of one year old infants who attended the well baby clinic and received a minimum of six bottles of fluoride supplements.

**Denominator:**

Number of one year old infants who attend the well baby clinic.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Well Baby Clinic data base.

**SIGNIFICANCE**

The early initiation of fluoride supplements is an important measure towards the prevention of dental disease in children. Fluoride supplementation is only one of a multi-pronged strategy of a comprehensive oral health program which should also include a multi-media campaign to increase the awareness of the community to the problems of dental disease among young children, an educational campaign to present the facts, a Headstart and school based oral hygiene program that focuses on educating the children and promoting dental health through brushing demonstrations, and finally a fluoride supplement program.

SP # 10

**PERFORMANCE MEASURE:**

Percent of children with special needs who have a completed reevaluation by the CSN team within the last 12 months.

**STATUS:**

Active

**GOAL**

To assure that children with special needs have an updated evaluation that documents progress from treatment and identifies new special needs.

**DEFINITION**

**Numerator:**

Number of children with special needs who have an evaluation within 12 months of the last evaluation.

**Denominator:**

Number of children with special needs identified in the Children with Special Needs Program data base.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Children with Special Needs Program data base

**SIGNIFICANCE**

Because the health status and the special needs of children with handicapping conditions are constantly changing, there is a need for a periodic re-evaluation to document to progress and gains that the child has achieved because of the treatment and rehabilitation activities and to document further special needs.

SP # 11

**PERFORMANCE MEASURE:**

Percent of women of child-bearing age who attended workshops in the schools and communities during the reporting period.

**STATUS:**

Active

**GOAL**

To improve the number of pregnant women coming in for prenatal care during the first trimester.

**DEFINITION**

Number of women of childbearing age who attended workshops in the schools and communities.

**Numerator:**

Total number of women of child-bearing age who attended the workshops conducted in the schools and communities during the reporting period.

**Denominator:**

Total number of women of child-bearing age during the reporting period.

**Units:** 100    **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

FSM 2000 Population Census Data and Public Health Records or Data.

**SIGNIFICANCE**

Having the pregnant women to come in for prenatal care during the first trimester has been very problematic for the FSM. It is hoped that by increasing the number of awareness workshops in the schools and communities would contribute to increase number of pregnant women coming in for early prenatal care.



SP # 12

**PERFORMANCE MEASURE:**

The rate of maternal deaths in the reporting year.

**STATUS:**

Active

**GOAL**

To reduce maternal deaths in the FSM.

**DEFINITION**

Maternal death is defined as any mother who died during pregnancy and up to 42 days after delivery; except for motor vehicle accidents.

**Numerator:**

Number of women who died during pregnancy and up to 42 days after delivery in the reporting year.

**Denominator:**

Total number of pregnant women during the reporting year.

**Units:** 1000 **Text:** Rate

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Hospital records, Labor and Delivery records, Death Certificates Prenatal Log Book Dispensary Log Books

**SIGNIFICANCE**

FSM is suspected of having high rates of Maternal Deaths compared to other Pacific Island countries

SP # 13

**PERFORMANCE MEASURE:**

The percent of one year old babies with anemia.

**STATUS:**

Active

**GOAL**

To reduce anemia for one year old babies.

**DEFINITION**

Any child having HCT below 35 mg% is considered to be anemic.

**Numerator:**

Number of one year olds with HCT below 35 mg%.

**Denominator:**

Total number of one year olds during the reporting year.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Medical records. Well Baby Clinic records, Birth records,

**SIGNIFICANCE**

Anemia is one of the major health problems for children in the FSM.

**FORM NOTES FOR FORM 16**

None

**FIELD LEVEL NOTES**

None

**FORM 17**  
**HEALTH SYSTEMS CAPACITY INDICATORS**  
**FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA**  
**STATE: FM**

**Form Level Notes for Form 17**

None

**HEALTH SYSTEMS CAPACITY MEASURE # 01**

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	<u>Annual Indicator Data</u>				
	2004	2005	2006	2007	2008
Annual Indicator	95.9	38.6	40.8	21.5	21.1
Numerator	138	57	59	28	27
Denominator	14,391	14,783	14,449	13,042	12,791

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

*(Explain data in a year note. See Guidance, Appendix IX.)*

Is the Data Provisional or Final?

Provisional

Provisional

**Field Level Notes**

None

**HEALTH SYSTEMS CAPACITY MEASURE # 02**

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>          </u>
<b>Numerator</b>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>          </u>
<b>Denominator</b>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>          </u>

Check this box if you cannot report the numerator because  
1. There are fewer than 5 events over the last year, and  
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

*(Explain data in a year note. See Guidance, Appendix IX.)*

**Is the Data Provisional or Final?**

Provisional

**Field Level Notes**

1. **Section Number:** Form17\_Health Systems Capacity Indicator #02

**Field Name:** HSC02

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Not applicable to FSM.

2. **Section Number:** Form17\_Health Systems Capacity Indicator #02

**Field Name:** HSC02

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Medicaid is not applicable to the FSM.

**HEALTH SYSTEMS CAPACITY MEASURE # 03**

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	2004	2005	<b>Annual Indicator Data</b>		
			2006	2007	2008
Annual Indicator	100.0	100.0	0.0	0.0	
Numerator	1	1	0	0	
Denominator	1	1	1	1	

Check this box if you cannot report the numerator because  
1. There are fewer than 5 events over the last year, and  
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

**Field Level Notes**

1. **Section Number:** Form17\_Health Systems Capacity Indicator #03

**Field Name:** HSC03

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Not applicable to FSM.

2. **Section Number:** Form17\_Health Systems Capacity Indicator #03

**Field Name:** HSC03

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Not applicable to FSM.

**HEALTH SYSTEMS CAPACITY MEASURE # 04**

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>39.2</u>	<u>45.6</u>	<u>55.9</u>	<u>55.2</u>	<u>41.7</u>
<b>Numerator</b>	<u>629</u>	<u>735</u>	<u>546</u>	<u>520</u>	<u>383</u>
<b>Denominator</b>	<u>1,603</u>	<u>1,611</u>	<u>976</u>	<u>942</u>	<u>919</u>

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer

than 5 and therefore a 3-year moving average cannot be

applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Field Level Notes**

1. **Section Number:** Form17\_Health Systems Capacity Indicator #04

**Field Name:** HSC04

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Beginning with the 2007 annual report, the Pacific Basin Jurisdictions may have changed to the World Health Organization (WHO) standard rather than the Kotelchuck Index to report indicator data for HSC04. The WHO standard recommends as essential that pregnant women make four prenatal care visits.

**HEALTH SYSTEMS CAPACITY MEASURE # 07A**

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	NaN	0.0	0.0	0.0	
Numerator	0	0	0	0	
Denominator	0	1	1	1	

Check this box if you cannot report the numerator because  
1. There are fewer than 5 events over the last year, and  
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

**Field Level Notes**

1. **Section Number:** Form17\_Health Systems Capacity Indicator #07A

**Field Name:** HSC07A

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Not applicable to FSM.

2. **Section Number:** Form17\_Health Systems Capacity Indicator #07A

**Field Name:** HSC07A

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Not applicable to FSM.



**HEALTH SYSTEMS CAPACITY MEASURE # 07B**

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>100.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>          </u>
<b>Numerator</b>	<u>1</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>          </u>
<b>Denominator</b>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>          </u>

Check this box if you cannot report the numerator because  
1. There are fewer than 5 events over the last year, and  
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

*(Explain data in a year note. See Guidance, Appendix IX.)*

**Is the Data Provisional or Final?**

Provisional

**Field Level Notes**

1. **Section Number:** Form17\_Health Systems Capacity Indicator #07B

**Field Name:** HSC07B

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Not applicable to FSM.

2. **Section Number:** Form17\_Health Systems Capacity Indicator #07B

**Field Name:** HSC07B

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Not applicable for FSM.

**HEALTH SYSTEMS CAPACITY MEASURE # 08**

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>          </u>
<b>Numerator</b>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>          </u>
<b>Denominator</b>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>          </u>

Check this box if you cannot report the numerator because  
1. There are fewer than 5 events over the last year, and  
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

*(Explain data in a year note. See Guidance, Appendix IX.)*

**Is the Data Provisional or Final?**

Provisional

**Field Level Notes**

1. **Section Number:** Form17\_Health Systems Capacity Indicator #08

**Field Name:** HSC08

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Not applicable to FSM.

2. **Section Number:** Form17\_Health Systems Capacity Indicator #08

**Field Name:** HSC08

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Not applicable to FSM.

**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #05**  
**(MEDICAID AND NON-MEDICAID COMPARISON)**  
**STATE: FM**

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (&lt; 2,500 grams)</i>	2007	Payment source from birth certificate	0	0	7
b) <i>Infant deaths per 1,000 live births</i>	2008	Payment source from birth certificate	0	0	17
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2008	Payment source from birth certificate	0	0	40.4
d) <i>Percent of pregnant women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2008	Payment source from birth certificate	0	0	48.1

**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #06(MEDICAID ELIGIBILITY LEVEL)**  
**STATE: FM**

<b>INDICATOR #06</b> <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	<b>YEAR</b>	<b>PERCENT OF POVERTY LEVEL MEDICAID</b> (Valid range: 100-300 percent)
a) <i>Infants (0 to 1)</i>	2008	_____
b) <i>Medicaid Children</i> (Age range _____ to _____ ) (Age range _____ to _____ ) (Age range _____ to _____ )		_____ _____ _____
c) <i>Pregnant Women</i>	2008	_____

**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #06(SCHIP ELIGIBILITY LEVEL)**  
**STATE: FM**

<b>INDICATOR #06</b> <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	<b>YEAR</b>	<b>PERCENT OF POVERTY LEVEL SCHIP</b>
a) <i>Infants (0 to 1)</i>		_____
b) <i>Medicaid Children</i> (Age range _____ to _____ ) (Age range _____ to _____ ) (Age range _____ to _____ )		_____ _____ _____
c) <i>Pregnant Women</i>		_____

## FORM NOTES FOR FORM 18

FSM is not eligible for the SCHIP Program, therefore this indicator is not applicable to FSM.

### FIELD LEVEL NOTES

1. **Section Number:** Form18\_Indicator 06 - Medicaid  
**Field Name:** Med\_Infant  
**Row Name:** Infants  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
FSM is not eligible for Medicaid therefore this indicator is not applicable to FSM.
2. **Section Number:** Form18\_Indicator 06 - Medicaid  
**Field Name:** Med\_Children  
**Row Name:** Medicaid Children  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
FSM is not eligible for Medicaid therefore this indicator is not applicable to FSM.
3. **Section Number:** Form18\_Indicator 06 - Medicaid  
**Field Name:** Med\_Women  
**Row Name:** Pregnant Women  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
FSM is not eligible for Medicaid therefore this indicator is not applicable to FSM.
4. **Section Number:** Form18\_Indicator 06 - SCHIP  
**Field Name:** SCHIP\_Infant  
**Row Name:** Infants  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Not applicable to FSM. FSM is not eligible for SCHIP.
5. **Section Number:** Form18\_Indicator 06 - SCHIP  
**Field Name:** SCHIP\_Children  
**Row Name:** SCHIP Children  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Not applicable to FSM. FSM is not eligible for SCHIP.
6. **Section Number:** Form18\_Indicator 06 - SCHIP  
**Field Name:** SCHIP\_Women  
**Row Name:** Pregnant Women  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Not applicable to FSM. FSM is not eligible for SCHIP.

**FORM 19**  
**HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM**  
**STATE: FM**

**HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)**  
*(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)*

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
<b>ANNUAL DATA LINKAGES</b>		
Annual linkage of infant birth and infant death certificates	3	No
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	2	No
Annual linkage of birth certificates and WIC eligibility files	2	No
Annual linkage of birth certificates and newborn screening files	2	No
<b>REGISTRIES AND SURVEYS</b>		
Hospital discharge survey for at least 90% of in-State discharges	2	No
Annual birth defects surveillance system	2	No
Survey of recent mothers at least every two years (like PRAMS)	2	No

\*Where:  
1 = No, the MCH agency does not have this ability.  
2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.  
3 = Yes, the MCH agency always has this ability.

**FORM 19**  
**HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM**  
**STATE: FM**

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	No
Other:		

\*Where:  
1 = No  
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.  
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

<b>Notes:</b>
1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

## FORM NOTES FOR FORM 19

FSM did not conduct Surveys such as PRAMS, per se, but we have the capability to obtain information from other sources, such as public health clinical records and vital statistic records which comprise our main data base for health information, which are used for program management and planning purposes.

### FIELD LEVEL NOTES

1. **Section Number:** Form19\_Indicator 09A  
**Field Name:** BAD  
**Row Name:** Annual linkage of infant birth and infant death certificates  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
The linking of infant birth and infant death is done manually.
2. **Section Number:** Form19\_Indicator 09A  
**Field Name:** BAW  
**Row Name:** Annual linkage of birth certificates and WIC eligibility files  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
FSM is not eligible for the WIC Program.
3. **Section Number:** Form19\_Indicator 09A  
**Field Name:** BAN  
**Row Name:** Annual linkage of birth certificates and newborn screening files  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
FSM recently got funded from HRSA to conduct Newborn Hearing Screening throughout the four FSM States. The data will be reported next year.
4. **Section Number:** Form19\_Indicator 09A  
**Field Name:** Discharge  
**Row Name:** Hospital discharge survey for at least 90% of in-State discharges  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
FSM started planning for a hospital pediatric discharge survey in 2008 but was not able to conducted the survey until February 2009. FSM plans to conduct a follow-up survey in 2010 in all four main hospitals in the FSM.
5. **Section Number:** Form19\_Indicator 09A  
**Field Name:** RecentMother  
**Row Name:** Survey of recent mothers at least every two years (like PRAMS)  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
FSM did not carry out a PRAMS Survey per se, but we are able to collect data relevant to the information on mothers through other public health and hospital data sources.
6. **Section Number:** Form19\_Indicator 09B  
**Field Name:** YRBSS\_09B  
**Row Name:** Youth Risk Behavior Survey (YRBS)  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
The Tobacco Program, under the Section of Substance Abuse and Mental Health, has not conducted a folow-up Youth Tobacco Use Survey since 2005. There is no Youth Tobacco Use Survey conducted this year. However, FSM can obtain data on Youth Tobacco use for program and planning purposes.
7. **Section Number:** Form19\_Indicator 09A  
**Field Name:** BAM  
**Row Name:** Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
FSM is not eligible for Medicaid.



FORM 20  
HEALTH STATUS INDICATORS #01-#05  
MULTI-YEAR DATA  
STATE: FM

Form Level Notes for Form 11

None

**HEALTH STATUS INDICATOR MEASURE # 01A**

The percent of live births weighing less than 2,500 grams.

	<u>Annual Indicator Data</u>				
	2004	2005	2006	2007	2008
Annual Indicator	5.1	15.0	8.7	8.4	7.0
Numerator	122	248	203	199	147
Denominator	2,415	1,649	2,325	2,374	2,113

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

*(Explain data in a year note. See Guidance, Appendix IX.)*

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

None

**HEALTH STATUS INDICATOR MEASURE # 01B**

The percent of live singleton births weighing less than 2,500 grams.

		<u>Annual Indicator Data</u>			
	2004	2005	2006	2007	2008
Annual Indicator	<u>4.8</u>	<u>4.6</u>	<u>8.7</u>	<u>7.2</u>	<u>6.5</u>
Numerator	<u>115</u>	<u>108</u>	<u>203</u>	<u>167</u>	<u>136</u>
Denominator	<u>2,374</u>	<u>2,359</u>	<u>2,325</u>	<u>2,323</u>	<u>2,089</u>
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

**Field Level Notes**

None

**HEALTH STATUS INDICATOR MEASURE # 02A**

The percent of live births weighing less than 1,500 grams.

		<u>Annual Indicator Data</u>				
		2004	2005	2006	2007	2008
Annual Indicator		<u>0.3</u>	<u>0.3</u>	<u>1.2</u>	<u>1.0</u>	<u>1.5</u>
Numerator		<u>8</u>	<u>8</u>	<u>27</u>	<u>23</u>	<u>31</u>
Denominator		<u>2,415</u>	<u>2,400</u>	<u>2,325</u>	<u>2,374</u>	<u>2,113</u>
Check this box if you cannot report the numerator because						
1. There are fewer than 5 events over the last year, and						
2. The average number of events over the last 3 years is fewer						
than 5 and therefore a 3-year moving average cannot be						
applied.						
(Explain data in a year note. See Guidance, Appendix IX.)						
Is the Data Provisional or Final?						
					Provisional	Provisional

**Field Level Notes**

None

**HEALTH STATUS INDICATOR MEASURE # 02B**

The percent of live singleton births weighing less than 1,500 grams.

		<u>Annual Indicator Data</u>				
		2004	2005	2006	2007	2008
Annual Indicator		<u>0.4</u>	<u>0.4</u>	<u>1.0</u>	<u>0.6</u>	<u>1.3</u>
Numerator		<u>10</u>	<u>9</u>	<u>24</u>	<u>13</u>	<u>27</u>
Denominator		<u>2,374</u>	<u>2,359</u>	<u>2,297</u>	<u>2,323</u>	<u>2,089</u>
Check this box if you cannot report the numerator because						
1. There are fewer than 5 events over the last year, and						
2. The average number of events over the last 3 years is fewer						
than 5 and therefore a 3-year moving average cannot be						
applied.						
(Explain data in a year note. See Guidance, Appendix IX.)						
Is the Data Provisional or Final?						
					Provisional	Provisional

**Field Level Notes**

None

**HEALTH STATUS INDICATOR MEASURE # 03A**

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>12.5</u>	<u>11.6</u>	<u>2.5</u>	<u>14.9</u>	<u>5.1</u>
<b>Numerator</b>	<u>3</u>	<u>5</u>	<u>1</u>	<u>6</u>	<u>2</u>
<b>Denominator</b>	<u>24,096</u>	<u>43,172</u>	<u>40,462</u>	<u>40,339</u>	<u>39,066</u>
<b>Check this box if you cannot report the numerator because</b>					
<b>1. There are fewer than 5 events over the last year, and</b>					
<b>2. The average number of events over the last 3 years is fewer</b>					
<b>than 5 and therefore a 3-year moving average cannot be</b>					
<b>applied.</b>					
<i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
<b>Is the Data Provisional or Final?</b>				Provisional	Provisional

**Field Level Notes**

None

**HEALTH STATUS INDICATOR MEASURE # 03B**

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>12.5</u>	<u>2.3</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
<b>Numerator</b>	<u>3</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>0</u>
<b>Denominator</b>	<u>24,096</u>	<u>43,172</u>	<u>40,462</u>	<u>40,339</u>	<u>39,391</u>

Check this box if you cannot report the numerator because  
1. There are fewer than 5 events over the last year, and  
2. The average number of events over the last 3 years is fewer  
than 5 and therefore a 3-year moving average cannot be  
applied.

*(Explain data in a year note. See Guidance, Appendix IX.)*

**Is the Data Provisional or Final?**

Provisional

Provisional

**Field Level Notes**

1. **Section Number:** Form20\_Health Status Indicator #03B

**Field Name:** HSI03B

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

No deaths resulting from unintentional injuries reported during this period.

**HEALTH STATUS INDICATOR MEASURE # 03C**

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>16.5</u>	<u>0.0</u>	<u>0.0</u>	<u>8.3</u>	<u>12.4</u>
<b>Numerator</b>	<u>4</u>	<u>0</u>	<u>0</u>	<u>2</u>	<u>3</u>
<b>Denominator</b>	<u>24,229</u>	<u>22,762</u>	<u>23,641</u>	<u>24,162</u>	<u>24,284</u>

Check this box if you cannot report the numerator because  
1. There are fewer than 5 events over the last year, and  
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Field Level Notes**

1. **Section Number:** Form20\_Health Status Indicator #03C

**Field Name:** HSI03C

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

No deaths from this age group reported during this period.

**HEALTH STATUS INDICATOR MEASURE # 04A**

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>527.1</u>	<u>354.4</u>	<u>84.0</u>	<u>1,036.2</u>	<u>58.9</u>
<b>Numerator</b>	<u>127</u>	<u>153</u>	<u>34</u>	<u>418</u>	<u>23</u>
<b>Denominator</b>	<u>24,096</u>	<u>43,172</u>	<u>40,462</u>	<u>40,339</u>	<u>39,066</u>
<b>Check this box if you cannot report the numerator because</b>					
<b>1. There are fewer than 5 events over the last year, and</b>					
<b>2. The average number of events over the last 3 years is fewer</b>					
<b>than 5 and therefore a 3-year moving average cannot be</b>					
<b>applied.</b>					
<i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
<b>Is the Data Provisional or Final?</b>				Provisional	Provisional

**Field Level Notes**

None



**HEALTH STATUS INDICATOR MEASURE # 04B**

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>58.1</u>	<u>30.1</u>	<u>4.9</u>	<u>168.6</u>	<u>20.4</u>
<b>Numerator</b>	<u>14</u>	<u>13</u>	<u>2</u>	<u>68</u>	<u>8</u>
<b>Denominator</b>	<u>24,096</u>	<u>43,172</u>	<u>40,987</u>	<u>40,339</u>	<u>39,197</u>

Check this box if you cannot report the numerator because  
1. There are fewer than 5 events over the last year, and  
2. The average number of events over the last 3 years is fewer  
than 5 and therefore a 3-year moving average cannot be  
applied.

*(Explain data in a year note. See Guidance, Appendix IX.)*

**Is the Data Provisional or Final?**

Provisional

Provisional

**Field Level Notes**

None

**HEALTH STATUS INDICATOR MEASURE # 04C**

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>82.5</u>	<u>79.1</u>	<u>17.1</u>	<u>471.8</u>	<u>70.0</u>
<b>Numerator</b>	<u>20</u>	<u>18</u>	<u>4</u>	<u>114</u>	<u>17</u>
<b>Denominator</b>	<u>24,229</u>	<u>22,762</u>	<u>23,336</u>	<u>24,162</u>	<u>24,284</u>
<b>Check this box if you cannot report the numerator because</b>					
<b>1. There are fewer than 5 events over the last year, and</b>					
<b>2. The average number of events over the last 3 years is fewer</b>					
<b>than 5 and therefore a 3-year moving average cannot be</b>					
<b>applied.</b>					
<i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
<b>Is the Data Provisional or Final?</b>				Provisional	Provisional

**Field Level Notes**

None

**HEALTH STATUS INDICATOR MEASURE # 05A**

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	<u>Annual Indicator Data</u>				
	2004	2005	2006	2007	2008
Annual Indicator	<u>2.1</u>	<u>2.0</u>	<u>3.0</u>	<u>1.2</u>	<u>3.8</u>
Numerator	<u>13</u>	<u>13</u>	<u>22</u>	<u>9</u>	<u>27</u>
Denominator	<u>6,338</u>	<u>6,489</u>	<u>7,342</u>	<u>7,498</u>	<u>7,127</u>

Check this box if you cannot report the numerator because  
1. There are fewer than 5 events over the last year, and  
2. The average number of events over the last 3 years is fewer  
than 5 and therefore a 3-year moving average cannot be  
applied.

*(Explain data in a year note. See Guidance, Appendix IX.)*

Is the Data Provisional or Final?

Provisional

Provisional

**Field Level Notes**

None

**HEALTH STATUS INDICATOR MEASURE # 05B**

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

		<b>Annual Indicator Data</b>			
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>1.4</u>	<u>5.4</u>	<u>3.9</u>	<u>1.4</u>	<u>6.6</u>
<b>Numerator</b>	<u>27</u>	<u>95</u>	<u>87</u>	<u>25</u>	<u>114</u>
<b>Denominator</b>	<u>19,585</u>	<u>17,689</u>	<u>22,235</u>	<u>18,480</u>	<u>17,243</u>
<b>Check this box if you cannot report the numerator because</b>					
<b>1. There are fewer than 5 events over the last year, and</b>					
<b>2. The average number of events over the last 3 years is fewer</b>					
<b>than 5 and therefore a 3-year moving average cannot be</b>					
<b>applied.</b>					
<i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
<b>Is the Data Provisional or Final?</b>				Provisional	Provisional

**Field Level Notes**

None

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: FM**

**HSI #06A - Demographics (Total Population)** *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2008    Is this data from a State Projection? Yes    Is this data final or provisional? Provisional

<b>CATEGORY TOTAL POPULATION BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Infants 0 to 1	2,120					2,120		
Children 1 through 4	5,738					5,738		
Children 5 through 9	7,707					7,707		
Children 10 through 14	8,069					8,069		
Children 15 through 19	9,055					9,055		
Children 20 through 24	6,429					6,429		
Children 0 through 24	39,118	0	0	0	0	39,118	0	0

**HSI #06B - Demographics (Total Population)** *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

<b>CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Infants 0 to 1	2,120		
Children 1 through 4	5,738		
Children 5 through 9	7,707		
Children 10 through 14	8,069		
Children 15 through 19	9,055		
Children 20 through 24	6,429		
Children 0 through 24	39,118	0	0

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: FM**

**HSI #07A - Demographics (Total live births)** *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2008    Is this data from a State Projection? Yes    Is this data final or provisional? Provisional

<b>CATEGORY TOTAL LIVE BIRTHS BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Women < 15	3					3		
Women 15 through 17	48					48		
Women 18 through 19	83					83		
Women 20 through 34	812					812		
Women 35 or older	219					219		
Women of all ages	1,165	0	0	0	0	1,165	0	0

**HSI #07B - Demographics (Total live births)** *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

<b>CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Women < 15	3		
Women 15 through 17	48		
Women 18 through 19	83		
Women 20 through 34	812		
Women 35 or older	219		
Women of all ages	1,165	0	0

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: FM**

**HSI #08A - Demographics (Total deaths)** Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2008    Is this data from a State Projection? Yes    Is this data final or provisional? Provisional

<b>CATEGORY TOTAL DEATHS BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Infants 0 to 1	32					32		
Children 1 through 4	9					9		
Children 5 through 9	5					5		
Children 10 through 14	6					6		
Children 15 through 19	6					6		
Children 20 through 24	5					5		
Children 0 through 24	63	0	0	0	0	63	0	0

**HSI #08B - Demographics (Total deaths)** Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

<b>CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Infants 0 to 1	32		
Children 1 through 4	9		
Children 5 through 9	5		
Children 10 through 14	6		
Children 15 through 19	6		
Children 20 through 24	5		
Children 0 through 24	63	0	0

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: FM**

**HSI #09A - Demographics (Miscellaneous Data)** *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

Is this data final or provisional? Provisional

<b>CATEGORY Miscellaneous Data BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>	<b>Specific Reporting Year</b>
All children 0 through 19	36,146					36,146			2008
Percent in household headed by single parent	0.0					0.0			2008
Percent in TANF (Grant) families	0.0					0.0			2008
Number enrolled in Medicaid	0					0			2008
Number enrolled in SCHIP	0					0			2008
Number living in foster home care	0					0			2008
Number enrolled in food stamp program	0					0			2008
Number enrolled in WIC	0					0			2008
Rate (per 100,000) of juvenile crime arrests	1.5					1.5			2008
Percentage of high school drop-outs (grade 9 through 12)	7.0					7.0			2008

**HSI #09B - Demographics (Miscellaneous Data)** *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

<b>CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>	<b>Specific Reporting Year</b>
All children 0 through 19	36,146			2008
Percent in household headed by single parent	1.0			2008
Percent in TANF (Grant) families	0.0			2008
Number enrolled in Medicaid	0			2008
Number enrolled in SCHIP	0			2008
Number living in foster home care	0			2008
Number enrolled in food stamp program	0			2008
Number enrolled in WIC	0			2008
Rate (per 100,000) of juvenile crime arrests	1.5			2008
Percentage of high school drop-outs (grade 9 through 12)	7.0			2008



**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: FM**

**HSI #10 - Demographics (Geographic Living Area)** *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2008    Is this data from a State Projection? Yes    Is this data final or provisional? Provisional

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	1,602
Living in urban areas	16,890
Living in rural areas	3,979
Living in frontier areas	1,121
<b>Total - all children 0 through 19</b>	<b>21,990</b>

**Note:**

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: FM**

**HSI #11 - Demographics (Poverty Levels)** *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2008    Is this data from a State Projection? Yes    Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Total Population	108,026.0
Percent Below: 50% of poverty	75.0
100% of poverty	20.0
200% of poverty	5.0

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: FM**

**HSI #12 - Demographics (Poverty Levels)** *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2008    Is this data from a State Projection? Yes    Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	36,146.0
Percent Below: 50% of poverty	75.0
100% of poverty	20.0
200% of poverty	5.0

## FORM NOTES FOR FORM 21

//2010// Only Chuuk and Yap States provided data. Pohnpei and Kosrae will provide data during the next reporting period. //2010//

### FIELD LEVEL NOTES

1. **Section Number:** Form21\_Indicator 06A  
**Field Name:** S06\_Race\_Infants  
**Row Name:** Infants 0 to 1  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
//2010// This is a projected population for this population sub-group for 2008 based on the FSM 2000 Population Census. No other race is reported from the FSM States. //2010//
2. **Section Number:** Form21\_Indicator 06A  
**Field Name:** S06\_Race\_Children1to4  
**Row Name:** children 1 through 4  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
//2010// This is a projected population for this population sub-group for 2008 based on the FSM 2000 Population Census. No other race is reported from the FSM States. //2010//
3. **Section Number:** Form21\_Indicator 06A  
**Field Name:** S06\_Race\_Children5to9  
**Row Name:** children 5 through 9  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
//2010// This is a projected population for this population sub-group for 2008 based on the FSM 2000 Population Census. No other race is reported from the FSM States. //2010//
4. **Section Number:** Form21\_Indicator 06A  
**Field Name:** S06\_Race\_Children10to14  
**Row Name:** children 10 through 14  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
//2010// This is a projected population for this population sub-group for 2008 based on the FSM 2000 Population Census. No other race is reported from the FSM States. //2010//
5. **Section Number:** Form21\_Indicator 06A  
**Field Name:** S06\_Race\_Children15to19  
**Row Name:** children 15 through 19  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
//2010// This is a projected population for this population sub-group for 2008 based on the FSM 2000 Population Census. No other race is reported from the FSM States. //2010//
6. **Section Number:** Form21\_Indicator 06A  
**Field Name:** S06\_Race\_Children20to24  
**Row Name:** children 20 through 24  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
//2010// This is a projected population for this population sub-group for 2008 based on the FSM 2000 Population Census. No other race is reported from the FSM States. //2010//
7. **Section Number:** Form21\_Indicator 06B  
**Field Name:** S06\_Ethnicity\_Infants  
**Row Name:** Infants 0 to 1  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
//2010// This is a projected population for this population sub-group for 2008 based on the FSM 2000 Population Census. No other race is reported from the FSM States. //2010//
8. **Section Number:** Form21\_Indicator 06B  
**Field Name:** S06\_Ethnicity\_Children1to4  
**Row Name:** children 1 through 4  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
//2010// This is a projected population for this population sub-group for 2008 based on the FSM 2000 Population Census. No other race is reported from the FSM States. //2010//
9. **Section Number:** Form21\_Indicator 06B  
**Field Name:** S06\_Ethnicity\_Children5to9  
**Row Name:** children 5 through 9  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
//2010// This is a projected population for this population sub-group for 2008 based on the FSM 2000 Population Census. No other race is reported from the FSM States. //2010//
10. **Section Number:** Form21\_Indicator 06B  
**Field Name:** S06\_Ethnicity\_Children10to14  
**Row Name:** children 10 through 14  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
//2010// This is a projected population for this population sub-group for 2008 based on the FSM 2000 Population Census. No other race is reported from the FSM States. //2010//

11. **Section Number:** Form21\_Indicator 06B  
**Field Name:** S06\_Ethnicity\_Children15to19  
**Row Name:** children 15 through 19  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
*//2010// This is a projected population for this population sub-group for 2008 based on the FSM 2000 Population Census. No other race is reported from the FSM States. //2010//*
12. **Section Number:** Form21\_Indicator 06B  
**Field Name:** S06\_Ethnicity\_Children20to24  
**Row Name:** children 20 through 24  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
*//2010// This is a projected population for this population sub-group for 2008 based on the FSM 2000 Population Census. No other race is reported from the FSM States. //2010//*
13. **Section Number:** Form21\_Indicator 08A  
**Field Name:** S08\_Race\_Infants  
**Row Name:** Infants 0 to 1  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
*//2010// The data is based on projected population for the sub-population group for 2008 based on 2000 FSM Population Census. //2010//*
14. **Section Number:** Form21\_Indicator 08A  
**Field Name:** S08\_Race\_Children1to4  
**Row Name:** children 1 through 4  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
*//2010// The data is based on projected population for the sub-population group for 2008 based on 2000 FSM Population Census. //2010//*
15. **Section Number:** Form21\_Indicator 08A  
**Field Name:** S08\_Race\_Children5to9  
**Row Name:** children 5 through 9  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
*//2010// The data is based on projected population for the sub-population group for 2008 based on 2000 FSM Population Census. //2010//*
16. **Section Number:** Form21\_Indicator 08A  
**Field Name:** S08\_Race\_Children10to14  
**Row Name:** children 10 through 14  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
*//2010// The data is based on projected population for the sub-population group for 2008 based on 2000 FSM Population Census. //2010//*
17. **Section Number:** Form21\_Indicator 08A  
**Field Name:** S08\_Race\_Children15to19  
**Row Name:** children 15 through 19  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
*//2010// The data is based on projected population for the sub-population group for 2008 based on 2000 FSM Population Census. //2010//*
18. **Section Number:** Form21\_Indicator 08A  
**Field Name:** S08\_Race\_Children20to24  
**Row Name:** children 20 through 24  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
*//2010// The data is based on projected population for the sub-population group for 2008 based on 2000 FSM Population Census. //2010//*
19. **Section Number:** Form21\_Indicator 08B  
**Field Name:** S08\_Ethnicity\_Infants  
**Row Name:** Infants 0 to 1  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
*//2010// The data is based on projected population for the sub-population group for 2008 based on 2000 FSM Population Census. //2010//*
20. **Section Number:** Form21\_Indicator 08B  
**Field Name:** S08\_Ethnicity\_Children1to4  
**Row Name:** children 1 through 4  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
*//2010// The data is based on projected population for the sub-population group for 2008 based on 2000 FSM Population Census. //2010//*
21. **Section Number:** Form21\_Indicator 08B  
**Field Name:** S08\_Ethnicity\_Children5to9  
**Row Name:** children 5 through 9  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
*//2010// The data is based on projected population for the sub-population group for 2008 based on 2000 FSM Population Census. //2010//*
22. **Section Number:** Form21\_Indicator 08B  
**Field Name:** S08\_Ethnicity\_Children10to14  
**Row Name:** children 10 through 14  
**Column Name:**  
**Year:** 2010  
**Field Note:**

//2010// The data is based on projected population for the sub-population group for 2008 based on 2000 FSM Population Census. //2010//

23. **Section Number:** Form21\_Indicator 08B  
**Field Name:** S08\_Ethnicity\_Children15to19  
**Row Name:** children 15 through 19  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
//2010// The data is based on projected population for the sub-population group for 2008 based on 2000 FSM Population Census. //2010//
24. **Section Number:** Form21\_Indicator 08B  
**Field Name:** S08\_Ethnicity\_Children20to24  
**Row Name:** children 20 through 24  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
//2010// The data is based on projected population for the sub-population group for 2008 based on 2000 FSM Population Census. //2010//
25. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_SingleParentPercent  
**Row Name:** Percent in household headed by single parent  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
No data reported from the States. However, it is at a very low percentage, estimated at about 1%.
26. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_TANFPercent  
**Row Name:** Percent in TANF (Grant) families  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
FSM is not eligible for TANF. Not applicable to FSM.
27. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_MedicaidNo  
**Row Name:** Number enrolled in Medicaid  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
//2010// FSM is not eligible for Medicaid. Not applicable to FSM.//2010//
28. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_SCHIPNo  
**Row Name:** Number enrolled in SCHIP  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
//2010// FSM is not eligible for SCHIP. Not applicable to FSM.//2010//
29. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_FoodStampNo  
**Row Name:** Number enrolled in food stamp program  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
No food stamp program in the FSM. Not applicable.
30. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_WICNo  
**Row Name:** Number enrolled in WIC  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
FSM is not eligible for the WIC program. Not applicable.
31. **Section Number:** Form21\_Indicator 09B  
**Field Name:** HSIEthnicity\_Children  
**Row Name:** All children 0 through 19  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
//2010// The data is projected based on the sub-population group for 2008 based on 2000 FSM Population Census. //2010//
32. **Section Number:** Form21\_Indicator 09B  
**Field Name:** HSIEthnicity\_MedicaidNo  
**Row Name:** Number enrolled in Medicaid  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
//2010// FSM is not eligible for Medicaid. Not applicable to FSM.//2010//
33. **Section Number:** Form21\_Indicator 09B  
**Field Name:** HSIEthnicity\_SCHIPNo  
**Row Name:** Number enrolled in SCHIP  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
//2010// FSM is not eligible for SCHIP. Not applicable to FSM. //2010//
34. **Section Number:** Form21\_Indicator 09B  
**Field Name:** HSIEthnicity\_FoodStampNo  
**Row Name:** Number enrolled in food stamp program  
**Column Name:**  
**Year:** 2010  
**Field Note:**

//2010// FSM is not eligible for the food stamp program. Not applicable to FSM. //2010//

35. **Section Number:** Form21\_Indicator 09B

**Field Name:** HSIEthnicity\_WICNo

**Row Name:** Number enrolled in WIC

**Column Name:**

**Year:** 2010

**Field Note:**

//2010// FSM is not eligible for the WIC Program. Not applicable to FSM. //2010//

36. **Section Number:** Form21\_Indicator 10

**Field Name:** Urban

**Row Name:** Living in urban areas

**Column Name:**

**Year:** 2010

**Field Note:**

//2010// Urban areas in the FSM are the Business Centers in the four states. //2010//

37. **Section Number:** Form21\_Indicator 10

**Field Name:** Rural

**Row Name:** Living in rural areas

**Column Name:**

**Year:** 2010

**Field Note:**

//2010// Rural areas in the FSM are places outside of the Business Centers or country sides. //2010//

38. **Section Number:** Form21\_Indicator 10

**Field Name:** Frontier

**Row Name:** Living in frontier areas

**Column Name:**

**Year:** 2010

**Field Note:**

//2010// Frontier areas in the FSM include the hard to reach places and outer islands. //2010//

39. **Section Number:** Form21\_Indicator 09A

**Field Name:** HSIRace\_FosterCare

**Row Name:** Number living in foster home care

**Column Name:**

**Year:** 2010

**Field Note:**

No Foster Homes in the FSM. Not Applicable to FSM.

40. **Section Number:** Form21\_Indicator 09B

**Field Name:** HSIEthnicity\_FosterCare

**Row Name:** Number living in foster home care

**Column Name:**

**Year:** 2010

**Field Note:**

//2010// FSM does not have Foster Homes or its equivalent. Not applicable to FSM. //2010//